LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
- SHREVEPORT

CONTROL OF MEDICATIONS

Purpose:

To define, control, and secure the handling of all medications, including controlled substances, in each patient care area, so as to conform to the policies of the Pharmacy and Therapeutics Committee, The Joint Commission and Federal and State Regulations.

Policy:

Medications stocked in a patient care area should be secured in a locked Automated Drug Distribution System (ADS). This includes DEA Schedule II, III, IV and V Controlled Substances.

I. Departments with Automated Dispensing Machines

A. User Access

1. Only individuals authorized to administer, dispense or stock medications will be given access to the system.

2. An authorized unit manager must complete an ADS Account Application (attached) for each new user. The five (5) digit employee ID badge number that will serve as the user's identification number must be entered on the application in the appropriate space. The completed application is sent to the Pharmacy Department.

3. Authorized Pharmacy Department personnel will assign the new user access to a dispensing machine or machines depending on the user's primary work area. A password or personal identification number (PIN) is chosen by the user at the time of initial system entry. This PIN number along with the employee ID badge is used to gain system access. No other person, including Pharmacy personnel, shall have knowledge of a user PIN. PIN numbers are changed every 90 days.

4. Password (PIN) Resets
Any user that needs their password reset must come to the pharmacy department with their employee ID badge. The user password will be reset to the standard new user password (9999) once pharmacy personnel verify identity of the employee. The system will prompt the employee to change password upon next system access.

5. Medications are removed from the ADS by authorized users per order of a licensed prescriber and are administered to registered patients of the medical

center. Staff (exception Residents) shall not routinely procure medications from ADS for personnel with access.

6. User training is the responsibility of unit personnel in the user's primary work area. Once training is completed a written competency assessment is required. The manager for the user's primary work area is responsible for assuring that proper training and competency assessment is performed.

7. Each unit manager will notify appropriate pharmacy personnel as soon as possible when an employee with ADS access rights terminates, transfers to another work area, or is demoted and no longer needs access privileges. Pharmacy personnel will remove user access to the ADS immediately once this notice is received.

B. Dispensing
Medications are stored in the ADS in a unit dose module, a drawer module, a supply cabinet or a locked refrigerator. Adequate supplies of designated medications are maintained in each ADS by the Pharmacy Department.

1. Unit dose module (UDM):
Most controlled substances are stocked in a UDM.
The UDM dispenses a single dose of medication for each dose requested. Each user will assure the correctness of the drug and quantity dispensed by the UDM before logging off of the machine. If a failure by the UDM to dispense correctly is identified, the user should document the problem by using the "too few" or "too many" buttons which are available on the dispense verification screen.

2. Drawer, supply cabinet, or refrigerator:
When a medication stored in one of these areas is requested, the drawer or door of the supply cabinet or refrigerator opens. The user then removes the requested drug and the requested number of doses. If a controlled substance, the user must count and enter into the ADS the number of doses remaining in the position.

3. Waste:
   a. If necessary to administer a partial dose of a controlled substance, an authorized witness must observe the entire waste. The disposal must render the product unrecoverable. User and witness must document waste in the ADS at the time the medication is physically wasted.
   b. Fentanyl patches should be folded in half with the stick sides together and disposed in the sharps container. The nurse removing the patch should be careful not to touch the sticky side of the patch. Document the waste on the patient's MAR. A witness and signature are required.
   c. IV tubing containing a controlled substance shall be evacuated thoroughly and discarded.

4. Returns:
   All unused medications are to be returned to the ADS. When a return is entered into the ADS, the return drawer or the original supply position will open to allow placement of the medication. No partial or opened containers shall be returned to the ADS. Partial or opened container contents should be wasted as described above.

C. Discrepancies
The ADS maintains a perpetual inventory for each stocked and returned controlled substance. A count discrepancy occurs when a user enters a count, either on a supply position or return drawer that does not agree with the count maintained by the ADS.

1. All ADS users are responsible for the maintenance of accurate supply counts and accurate controlled substance records.

2. Dispensing and count discrepancies are noted through the use of the ADS discrepancy buttons: “too few” or “too many”.

3. If a user fails or cannot note a discrepancy through the use of the ADS discrepancy button, then the user will submit a written explanation of the discrepancy to the Pharmacy Department through the use of a Problem Reporting Form. Problem Reporting Forms can be found on each unit where an ADS is located.

4. All controlled substance discrepancies must be resolved through the entry of an acceptable explanation into the ADS. Pharmacy personnel will attempt to resolve each discrepancy on the day that it is first noted through the use of available reports or contact with involved users or unit managers.

5. A variance report will be completed and submitted by Pharmacy to the Hospital Quality Management department for each discrepancy involving a controlled substance that cannot be resolved or explained in a timely manner.

6. Pharmacy management will monitor and track discrepancies and discrepancy resolution. Discrepancy reports will be submitted to Hospital and Nursing Administration and the Pharmacy and Therapeutics Committee when required.

D. ADS Problems
All problems with the ADS should be immediately reported to Pharmacy department personnel.

II. Medication Storage in Areas Without an Automated Dispensing Machine

Areas without an automated drug distribution system shall store medications according to the following guidelines. All such areas must request and be approved by the Pharmacy Department to store medications outside of the dispensing unit.

A. Medications are stored under conditions to ensure stability.

B. All medications including nonprescription medications are in locked containers in a room or are under constant surveillance by appropriate personnel.

C. Medications that are easy to confuse (sound alike and look alike drugs or reagents or chemicals that may be mistaken for medications) are segregated.

D. All medication storage areas are periodically inspected according to department policy to ensure medications are stored properly.

E. Medications and chemicals used to prepare medications are accurately labeled with:
   1. Contents
   2. Expiration dates
   3. Appropriate warnings

III. Emergency Drugs

A. The Special Care Committee reviews emergency medications stocked on crash carts periodically.

B. Pharmacy will provide crash cart medications in sealed drawers to Central Medical Supply (CMS) to be placed in cleaned, refilled crash carts immediately prior to locking. Reference Hospital Policy 5.12.1.

IV. Management of Automated Dispensing Machine Data

A. The ADS maintains electronic records of all transactions involving the medications stocked within. These records are not a substitute for proper charting of the administered medications.

B. Nursing Managers will analyze and respond to management reports that are generated from automated medication and documentation systems. Response to reports will be kept on file for one year.

V. Downtime Procedures – Electricity is available to ADS

A. The nurse or pharmacist identifies some or all computer system communications are disrupted and informs the opposite department (Nursing/Pharmacy).

B. The pharmacist calls computer services help desk to verify extent of system affected.

C. If diagnosis and repair can't be completed quickly, pharmacy will contact the nursing house manager and request the switchboard to announce outage through the overhead paging system.

D. If the senior pharmacist determines that medication procurement for patients will be seriously affected by operating with partial computer information systems, the pharmacy will take the MedSelect server off-line. This will allow all stocked medications to be obtained through over-ride. MedSelect will display a red header indicating network communications are interrupted. MedOrder will not be available.

E. The RN, RN applicant, or LPN will create a manual MAR (Medication Administration Record) using the previous day's MAR and by reviewing physicians orders.

F. The nurse **shall not reboot** the automated dispensing machine, as this will cause the machine to become inoperable.

G. The patient care unit will write the floor/unit on all copies of physician orders sent to the pharmacy.

H. In the event that the pneumatic tube system is down and a stat dose is needed, the unit shall send a runner to obtain the medication. Routine medications can be picked up by anyone on the floor; a licensed nurse will pick up narcotics.

I. For more detailed information, refer to the MedSelect User Manual on your unit.

VI. Downtime Procedures – No electricity

A. Notify pharmacy immediately.

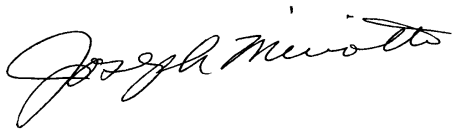
B. The pharmacy will provide keys to the units if needed. The decision to issue keys will be determined after consultation with the charge nurse, considering the clinical need for medications in that area and the anticipated length of the downtime.

C. Keys will be issued to the charge nurse on the unit.

D. Upon receipt of the keys, the Pharmacy will be responsible for conducting a physical inventory of all controlled substances on the machine to verify the counts are accurate.

E. The Charge Nurse will put the form "MedSelect – Backup Manual Transactions on the ADS. All manual medication transactions shall be documented on this form. The pharmacy will pick these forms up after electricity has been restored. **This document does not replace the MAR.**

F. Please refer to the MedSelect User Manual on your unit for downtime procedure.



_____
Administrator

____5/20/11_____
Date

Approved by Clinical Board 1/16/01, 4/20/04, 7/20/04, 6/21/05, 6/17/08, 5/17/11
Written: 1/01
Revised: 2/04, 6/04, 5/05, 5/08, 4/11
Reviewed: 12/03, 5/08, 4/11

DIEBOLD/MEDSELECT COMPETENCY ASSESSMENT

Name _____ SS# _____ Unit_____

Procedure/Task	Met	Not Met
I. **Log In** 1. Assignment of ID and PIN number 2. Machines that can be accessed by employee 3. How to log in 4. How to change PIN 5. What to do when you forget your PIN		
II. **Patient Selection** 1. How to pick a patient 2. How to Find/Add a patient not on the screen (can only get overridden meds) 3. Explain importance of entering medical record number of patient added		
III. **Machine Set Up** 1. Explain the difference in unit dose module, drawer module, supply cabinets, and refrigerator		
Med Order Display 1. Explain the difference between medications written in black or gray print a. black print means the medication is available from the machine b. gray print means the medication is not available from the machine and must be dispensed as a patient specific order from the pharmacy 2. Explain reason why some medications are not available on the machine a. out of stock b. position failed c. medication is seldom used or not stocked on machine 3. Demonstrate how to select medication by generic or trade name 4. Explain the significance of the number in parentheses after a medication name 5. Explain the significance of a dark black arrow to the right of the medications listed 6. Demonstrate that the dose will disappear from the screen after the scheduled medication is given 7. Observe that scheduled medication are displayed first, according to due time, then PRNs		
Procedure/Task	**Met**	**Not Met**

IV. **Due Window** 1. Observe that scheduled medications appear on the screen two (2) hours before they are due 2. Observe that only scheduled medication falling within the due time will be displayed		
V. **Late Window** 1. Observe that a medication not given by its due time will appear highlighted in yellow 2. Explain that after four (4) hours after due time the medication will no longer be displayed/available for dispensing a. a variance should be written per hospital policy		
VI. **Dismiss** 1. Demonstrate how a scheduled medication not administered for a clinical reason should be dismissed from the screen (if a scheduled medication is not dispensed, it will print to an error report)		
VII. **Misc Buttons** 1. Explain the rationale for the Hide Meds button 2. Explain the rationale for the Hide PRN's button 3. Demonstrate the use of the Hide IV's button		
VIII. **Med Supply Button** 1. Explain what Med Supply Button is used for (dispense medications or as override situation) 2. Demonstrate how to select medication "Kit" if applicable		
IX. **Controlled Substances** 1. Demonstrate how to count drug remaining in drawer/cabinet/ refrigerator 2. Explain what happens when count is incorrect 3. Explain what to do when medication is not dispensed in the correct quantity 4. Demonstrate/Explain use of Discrepancy Button 5. Explain what to do when system says call the system Administrator		
X. **Returns and Wastes** 1. Explain importance of medication units (i.e. mg, mcg, vl) in return and waste 2. Demonstrate how to return medication to machine 3. Demonstrate/explain how to record and witness waste 4. Discuss/Explain how returning or wasting a full scheduled dose will return that dose to the MedOrder screen		

Troubleshooting 1. What to do when the screen is blank 2. What to do when screen freezes 3. What to do when medication not displayed on screen		
XI. **Procedure/Task**	**Met**	**Not Met**
Printers 1. How to obtain paper for the printer 2. How to add paper to printer 3. How to read the printout		
XII. **Logging Off** 1. How to log off machine 2. Explain the importance of logging off after use		
***Managers** 1. How to request employee access from pharmacy 2. How to give temporary employee access 3. How to read discrepancy log 4. How to read reports 5. How to correct a counting discrepancy		

Qualified Observer Signature _____ Date _____

Employee Signature _____ Date _____

NOTE: When everyone on the unit has completed the checklist, send lists as a group to Patient Care Support/Education for documentation on computerized education record.

DIEBOLD AND MEDSELECT COMPETENCY CHECKLIST

Print Name: _____

Unit: _____

Date Reviewed CD Rom: _____

Date Competency Assessment Completed: _____

The above competencies have been met.

Qualified Observer Signature: _____ Date: _____

Employee Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO YOUR MANAGER

LSU HEALTH SCIENCES CENTER

ADS (DIEBOLD) USER ACCESS APPLICATION

LAST NAME:_____ FIRST NAME: _____

USER NUMBER: _____ _____ _____ _____ _____

(This number must be entered—5 digit number on back of employee ID badge)

USER'S PRIMARY WORK AREA: _____

GROUP PROFILE (Check one) ***(examples listed below)***

- ❑ Nurse - Staff
- ❑ Nurse - Manager
- ❑ Nurse – Contract (ending date_____)
- ❑ CRNA / SRNA
- ❑ No Controlled
- ❑ Other _____
- ❑ Physician - Anes
- ❑ Physician - Samples

☐ **User has a signed copy of the LSUHSC Confidentiality Agreement in their employee file.**

UNIT MANAGER
/AUTHORIZED SIGN: _____DATE: _____

PHONE: _____

SEND TO PHARMACY WHEN COMPLETE

INCOMPLETE APPLICATONS WILL BE RETURNED

PHARMACY WILL CONTACT MANAGER WHEN USER IS ENTERED INTO SYSTEM

For pharmacy use only

ENTERED into The Automated Drug Dispensing Machine:

BY: _____ DATE: _____

MANAGER CONTACTED: DATE: _____TIME: _____BY: _____

Louisiana State University
Health Sciences Center - Shreveport
Pharmacy

Automated Dispensing System Problem Report

This form must be completed when any problem is encountered while using an automated dispensing machine. If the problem has been reported through the use of the "Discrepancy Button" it is not necessary to complete this form.

Fill out completely so that appropriate adjustments can be made to the patient bill and controlled substance records.

Date of Event: _____ Time: _____ Location: _____

Patient Name: _____

Medical Record #: _____

Medication: _____

Detailed description of problem:

Once complete, place in tray for completed forms located in the vicinity of the dispensing machines so that it may be retrieved by Pharmacy personnel.

Employee Signature: _____ Date: _____

Signature of witness is required for documentation of controlled substance waste.

Witness Co-signature: _____ Date: _____

AUTOMATED DISPENSING SYSTEM PROBLEM REPORT LSUHSC-S 7152

MedSelect - BACKUP MANUAL TRANSACTIONS

PATIENT NAME	MR #	MEDICATION (INCLUDE STRENGTH AND DOSAGE FORM)	# DOSES DISPENSED	# DOSES RETURNED	AMOUNT WASTED	RN SIGNATURE/CO-SIGNATURE (WASTE MUST INCLUDE CO-SIGNATURE)